

EXHIBIT C

Juan C. Felix, M.D.

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 CHARLESTON DIVISION
4 IN RE: ETHICON, INC. Master File No.
5 PELVIC REPAIR SYSTEM PRODUCTS 2:12-MD-02327
6 LIABILITY LITIGATION MDL 2327
7
8 This document relates to JOSEPH R. GOODWIN
9 the cases listed below: U.S. DISTRICT JUDGE
10
11 Mullins, et al. V. 2:12-cv-02952
12 Ethicon, Inc., et al.
13 Sprout, et al. V. 2:12-cv-07924
14 Ethicon, Inc., et al.
15
16 Iquinto v. Ethicon, 2:12-cv-09765
17 Inc., et al.
18 Daniel, et al. V. 2:13-cv-02565
19 Ethicon, Inc., et al.
20
21 Dillon, et al. V. 2:13-cv-02919
22 Ethicon, Inc., et al.
23 Webb, et al. V. 2:13-cv-04517
24 Ethicon, Inc., et al.
25
26 Martinez v. Ethicon, 2:13-cv-04730
27 Inc., et al.
28 McIntyre, et al. V. 2:13-cv-07283
29 Ethicon, Inc., et al.
30
31 Oxley v. Ethicon, 2:13-cv-10150
32 Inc., et al.
33 Atkins, et al. V. 2:13-cv-11022
34 Ethicon, Inc., et al.
35
36 Garcia v. Ethicon, 2:13-cv-14355
37 Inc., et al.
38 VIDEOTAPED DEPOSITION OF JUAN C. FELIX, MD
39 October 3, 2015
40 (CAPTION CONTINUES ON FOLLOWING PAGE)

Juan C. Felix, M.D.

1	Lowe v. Ethicon,	2:13-cv-14718
	Inc., et al.	
2		
	Dameron, et al. V.	2:13-cv-14799
3	Ethicon, Inc., et al.	
4	Vanbuskirk, et al. V.	2:13-cv-16183
	Ethicon, Inc., et al.	
5		
	Mullens, et al. V.	2:13-cv-16564
6	Ethicon, Inc., et al.	
7	Shears, et al. V.	2:13-cv-17012
	Ethicon, Inc., et al.	
8		
	Javins, et al. V.	2:13-cv-18479
9	Ethicon, Inc., et al.	
10	Barr, et al. V.	2:13-cv-22606
	Ethicon, Inc., et al.	
11		
	Lambert v. Ethicon,	2:13-cv-24393
12	Inc., et al.	
13	Cook v. Ethicon,	2:13-cv-29260
	Inc., et al.	
14		
	Stevens v. Ethicon,	2:13-cv-29918
15	Inc., et al.	
16	Harmon v. Ethicon,	2:13-cv-31818
	Inc., et al.	
17		
	Snodgrass v. Ethicon,	2:13-cv-31881
18	Inc., et al.	
19	Miller v. Ethicon,	2:13-cv-32627
	Inc., et al.	
20		
	Matney, et al. V.	2:14-cv-09195
21	Ethicon, Inc., et al.	
22	Jones, et al. V.	2:14-cv-09517
	Ethicon, Inc., et al.	
23		
	Humbert v. Ethicon,	2:14-cv-10640
24	Inc., et al.	
25	(CAPTION CONTINUES ON FOLLOWING PAGE) 5	

Juan C. Felix, M.D.

1	Gillum, et al. V.	2:14-cv-12756
	Ethicon, Inc., et al.	
2		
	Whisner, et al. V.	2:14-cv-13023
3	Ethicon, Inc., et al.	
4	Tomblin v. Ethicon,	2:14-cv-14664
	Inc., et al.	
5		
	Schepleng v. Ethicon,	2:14-cv-16061
6	Inc., et al.	
7	Tyler, et al. V.	2:14-cv-19110
	Ethicon, Inc., et al.	
8		
	Kelly, et al. V.	2:14-cv-22079
9	Ethicon, Inc., et al.	
10	Lundell v. Ethicon,	2:14-cv-24911
	Inc., et al.	
11		
	Cheshire, et al. V.	2:14-cv-24999
12	Ethicon, Inc., et al.	
13	Burgoyne, et al., v.	2:14-cv-28620
	Ethicon, Inc., et al.	
14		
	Bennett, et al., v.	2:14-cv-29624
15	Ethicon, Inc., et al.	
16		
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19 VIDEOTAPED DEPOSITION OF JUAN C. FELIX, MD

20 Los Angeles, California

21 Saturday, October 3, 2015

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24 REPORTED BY:

25 RICH ALOSSI, RPR, CCRR, CSR NO. 13497

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Juan C. Felix, M.D.

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I N D E X

WITNESS

PAGE

JUAN C. FELIX, MD

BY MR. MONSOUR

7, 95

BY MR. COMBS

90

E X H I B I T S

MARKED

PAGE

Exhibit A-Expert Report of Juan C. Felix, MD

11

Juan C. Felix, M.D.

1 report or what we're going to talk about today?

2 A Not that come to my mind right now.

3 Q Okay. That's fair enough.

4 So you are a gynecologist and a
5 pathologist; correct?

6 A No, that's not correct.

7 I am not boarded in gynecology. I did
8 training in gynecology but did not complete a
9 residency in gynecology.

10 Q Okay.

11 A I -- I am grandfathered in certain
12 procedures in gynecology.

13 Q Have you ever implanted a -- a sling to
14 treat a woman with stress urinary incontinence?

15 A No, I have not.

16 Q Have you ever treated stress urinary
17 incontinence?

18 A I have not.

19 Q Okay. And that's just because that's not
20 something you do?

21 A That is correct.

22 Q Okay. Do you -- do you treat women
23 currently for gynecological issues?

24 A Yes, I do.

25 Q And what type of patients do you see?

Juan C. Felix, M.D.

1 What type of conditions do you treat?

2 A I treat the cervical cancer precursors. I
3 diagnose and treat those.

4 Q Okay.

5 A I also treat vaginal cancer precursors as
6 well as vulvar cancer precursors.

7 Q Okay. And when you're saying "vulvar,"
8 you mean related to the vulva; correct?

9 A Yes.

10 (Exhibit A was marked for identification by
11 the court reporter and is attached hereto.)

12 BY MR. MONSOUR:

13 Q Okay. I've got a copy of your report in
14 front of me, and it's pretty long; so I think I'm
15 just going to start going through some it with you
16 and asking questions, and it will probably lead, you
17 know, to a roundabout questioning on various
18 subjects.

19 I don't know how structured I'll be, but
20 I'll try and be as structured as I can and see if I
21 can get us through this quickly.

22 If you'll turn to page 6 of your report.

23 A Yes.

24 Q In the first full paragraph, the first
25 sentence says:

Juan C. Felix, M.D.

1 muscle, on the meat of the chicken; right?

2 Q Right.

3 A So those are two separate types of tissue.

4 They -- if you put a mesh in between the
5 skin and the meat of the chicken, it is a very
6 different thing than if you cut the chicken breast
7 or if you put a trocar through the chicken breast
8 meat itself, then put mesh, and then took the
9 introducer out, and that chicken breast fell
10 together on itself.

11 Q Okay. I understand.

12 A So you -- so meat on meat is very
13 different than meat on skin.

14 Q Okay. I've got you.

15 Let me ask you this, Dr. Felix: Have you
16 ever seen any studies that have talked about
17 contraction of mesh once it is implanted
18 abdominally?

19 A I have seen references to that in studies,
20 yes.

21 Q Okay. Can you explain why contraction
22 would take place in the abdomen but wouldn't take
23 place in the vagina?

24 MR. COMBS: Object to form.

25 THE WITNESS: I can't explain -- I cannot

Juan C. Felix, M.D.

1 explain why it would occur -- necessarily explain
2 why it would occur, if it does, in the abdomen. But
3 I can -- I can say unequivocally that it does not
4 occur in the suburethral space.

5 BY MR. MONSOUR:

6 Q Okay. Have you ever seen any -- have you
7 ever -- let me start again.

8 When were you retained as an expert? How
9 long ago?

10 A I think it was near January or February of
11 this year.

12 Q Okay. And you were provided information
13 by Ethicon's lawyers; correct?

14 A By the attorneys at Butler Snow, yes.

15 Q And they -- did they provide you with a
16 reading list or some sort of a finger drive that has
17 a bunch of articles on it?

18 A Yes, they did.

19 Q Okay. Did they also provide you with any
20 internal Ethicon documents?

21 A I have seen several internal Ethicon
22 documents.

23 Q Okay. Can you tell me generally what type
24 of internal documents you've looked at.

25 A I have looked at experiments or

Juan C. Felix, M.D.

1 observations regarding the interaction of mesh with
2 human tissues -- well, animal and human tissues.
3 And not only mesh, but also suture.

4 Q Okay. Did any of the documents that you
5 looked at -- did any of the documents that you
6 looked at, did any of them talk about the phenomenon
7 of contraction?

8 MR. COMBS: Object to form.

9 THE WITNESS: Not that I'm aware of.

10 BY MR. MONSOUR:

11 Q Okay.

12 A Not that I recall. Excuse me.

13 Q If Ethicon had documents showing that mesh
14 does contract once it's implanted, is that something
15 that you would have liked to have seen?

16 MR. COMBS: Object to form.

17 THE WITNESS: Yes. I'd like to see
18 everything, actually.

19 BY MR. MONSOUR:

20 Q Okay.

21 A I just don't have the time to look.

22 Q If there were Ethicon documents that
23 showed that contraction did take place, could that
24 possibly change your mind on the issue of
25 contraction?

Juan C. Felix, M.D.

1 MR. COMBS: Object to form.

2 THE WITNESS: Well, if there were Ethicon
3 documents that said that mesh in the retropubic
4 suburethral space contracts, I would -- I would not
5 believe them.

6 BY MR. MONSOUR:

7 Q You wouldn't believe Ethicon's documents?

8 A I would not.

9 Q Okay. What about if you saw -- and you
10 just mentioned the retropubic space.

11 Do you believe the phenomenon of
12 contraction can take place when mesh is implanted to
13 treat pelvic organ prolapse?

14 MR. COMBS: Object to form.

15 THE WITNESS: Again, it's -- and I keep coming
16 back to this because I find it very difficult to
17 define "contracture."

18 What are you referring to?

19 Do you mean the length of the mesh or the
20 surface area of the mesh becomes smaller?

21 BY MR. MONSOUR:

22 Q Yes.

23 A I do not believe that that occurs with any
24 significant frequency, even in -- when used in
25 pelvic organ prolapse repairs.

Juan C. Felix, M.D.

1 Q But what you're talking about is shrinkage
2 that takes place after it has been explanted;
3 correct?

4 A That's correct.

5 Q What you're saying is when it's in the
6 body, it does not shrink; correct?

7 A That is correct.

8 Q Okay. I just wanted to make sure that
9 that was clear.

10 If we continue on page 16 on your
11 paragraph entitled "Pain" or your section entitled
12 "Pain," you note that you have had the opportunity
13 to look at 50 explanted mesh specimens, both grossly
14 and microscopically, in the past 22 years at USC;
15 correct?

16 A Yes. I actually say "over," but yeah,
17 you're correct.

18 Q Okay. Do you know how much over it would
19 be?

20 A No. It continues to grow every day.
21 So --

22 Q Okay.

23 A I mean, not every day, but since I wrote
24 this, I have seen a couple more.

25 Q Okay. So you've looked at 50-something

Juan C. Felix, M.D.

1 over a 22-year period?

2 A Correct.

3 Q On average, about two to three a year.

4 Fair enough?

5 MR. COMBS: Object to form.

6 THE WITNESS: Yeah. They actually occurred

7 more in -- sort of more concentrated at one point.

8 And I'm trying to remember what the year was. It

9 was around 2000, maybe a little before that, when we

10 were getting more of them.

11 BY MR. MONSOUR:

12 Q Do you know why you were getting more of

13 them at that point in time?

14 A Yes. It was -- we had introduced the

15 procedure into Women's Hospital, and the rate of

16 complications upon introduction were higher. And

17 these were operative complications.

18 Q Basically, what you're saying is around

19 the year 2000, that's when they started using the

20 slings at USC?

21 A That's when they became the standard for

22 the procedure --

23 Q Okay.

24 A -- for the relief of stress incontinence.

25 And --

Juan C. Felix, M.D.

1 Q Okay.

2 A -- then everybody started doing it.

3 We had urogynecologists who were involved
4 very early on in studying the -- both the procedure
5 and the material.

6 Q Okay. And so I guess when the physicians
7 were originally kind of new to the procedure, you
8 were having more -- having more explants for you to
9 look at versus recently when they've been doing it
10 for a long time?

11 A Correct.

12 Q Okay. Now, you state that approximately
13 20 of these samples were removed for urinary
14 obstruction; correct?

15 A Correct.

16 Q And you say "where the suburethral sling
17 was placed under excessive tension during surgery";
18 correct?

19 A Correct.

20 Q Do you know how soon after implantation
21 these slings were being reoperated on?

22 A It was usually several months.

23 Q If it was tightened too much during the
24 surgery, wouldn't the urinary obstruction be present
25 from almost the get-go?

Juan C. Felix, M.D.

1 Valsalva. It involves a lot of things.

2 When you operate, sometimes everything
3 gets a little bit off kilter. And just a little bit
4 of excessive pressure will prevent the woman from
5 micturating.

6 That can resolve. That is a combination
7 of learning how to void again, and this is well
8 documented. And some women resolve. If the
9 pressure -- in other words, if it's not completely
10 obstructed.

11 The women that were completely obstructed
12 and needed to catheterize, A, there weren't that
13 many of those that I'm aware of; and B, they
14 probably would have gotten operated on right away.

15 BY MR. MONSOUR:

16 Q How long does it take for the scar
17 formation to take place and for the body to heal
18 around TVT?

19 A It probably takes seven to ten days to
20 form good, solid connective tissue through the pore.

21 The tissues will continue to remodel
22 significantly for several more weeks.

23 Q Okay. Have you ever seen a situation
24 where, following an implant of a TVT, a woman
25 suffers from voiding dysfunction, but it takes

Juan C. Felix, M.D.

1 place, let's say, a year to two years later?

2 Have you ever seen that?

3 MR. COMBS: Object to form.

4 THE WITNESS: I would have to ask you what
5 kind of voiding dysfunction?

6 BY MR. MONSOUR:

7 Q The urethra is being pressed on --

8 MR. COMBS: Object to form.

9 BY MR. MONSOUR:

10 Q -- like a stricture.

11 A So occlusion of the urethra?

12 Q Yes.

13 A No. I have not heard that at a year, no.

14 Q Okay. If such a thing did take place, do
15 you believe that contraction or shrinkage of the
16 mesh could be the culprit?

17 MR. COMBS: Object to form.

18 THE WITNESS: It would not be my first
19 explanation.

20 BY MR. MONSOUR:

21 Q Okay. Would it be within your
22 differential diagnosis, though?

23 A Yeah, it's all -- everything is -- well,
24 not everything, but reasonable things are in my
25 differential, yes.

Juan C. Felix, M.D.

1 And you note, under the "Pain" subheading,
2 you mention, "To my knowledge, none of these women
3 were experiencing pain."

4 Do you see that?

5 A Yes.

6 Q Is that something that you checked on, or
7 are you just kind of winging that?

8 MR. COMBS: Object to form.

9 THE WITNESS: No. I would never wing.

10 BY MR. MONSOUR:

11 Q Okay.

12 A So we -- we have what is called a weekly
13 quality assurance conference, where all of the cases
14 of the week are discussed. It occurs every Friday
15 morning at USC.

16 During those conferences, the -- there
17 were several of the older gynecologists who were not
18 particularly pleased with the fact that the TVT
19 procedure was becoming the favored. And then we
20 discussed these to death.

21 Q Okay. Well, the reason I ask -- you see
22 why I ask -- because you started the sentence, "To
23 my knowledge, none of these women were experiencing
24 pain."

25 MR. COMBS: Object to form.

Juan C. Felix, M.D.

1 THE WITNESS: Correct. So I -- I cannot say
2 that all of the meshes -- mesh explants that I
3 evaluated, I cannot say that a hundred percent of
4 them, the woman was not experiencing pain.

5 But I know for a fact that the women
6 with -- who got operated, the vast majority of the
7 women who got operated for urinary obstruction were
8 not experiencing pain, because that got discussed
9 quite extensively.

10 BY MR. MONSOUR:

11 Q Okay. If we go down a little farther, it
12 says:

13 "A small fraction of the samples were
14 removed for mesh exposure or erosion. In
15 these instances, patients experienced the
16 discomfort of mesh rubbing against their
17 vulva, but rarely, if ever, pain."

18 Did I read that correctly?

19 A Yes.

20 Q Okay. I'm just confused by that.

21 How could the mesh be rubbing against
22 their vulva?

23 A So I'll go through some anatomy.

24 Usually, the sub- -- the suburethral space
25 in the vagina is very close to the introitus.

Juan C. Felix, M.D.

1 The labia minora frequently folds in, and
2 that's the part where patients will say that they
3 feel the roughness of the -- of the mesh when it is
4 exposed.

5 Q I thought the vulva was considered just to
6 be the outside portion of the vagina.

7 A Yeah, no. The vulva starts at the
8 hymeneal ring. So the entrance -- the beginning of
9 the vagina is the hymeneal ring. Everything outside
10 of the hymeneal ring or where the hymen used to be
11 is vulva.

12 Part of the vulva looks a lot like vagina
13 but is not.

14 Q Okay. Now, do you have any -- if I read
15 this -- what you've got here on page 16, you've
16 got -- you talk about these explants that you've
17 looked at. Are you pretty much just -- is this just
18 from your memory that you -- that you're -- that
19 you're writing this, or did you keep records that
20 you went back and referenced?

21 A It was mostly from memory.

22 Q Okay. Was any of it -- did you go back
23 and look at any records to try and recapture this
24 information?

25 A I didn't really need to. It's --

Juan C. Felix, M.D.

1 Q Okay.

2 A Yeah. I mean, at the time when we were
3 looking at these and even to this day, you know, the
4 reason for these meshes coming out, and more
5 importantly, what happens to the woman after the
6 mesh comes out is of great interest to everybody
7 involved.

8 Q Okay.

9 A So we discuss it. And, you know, mesh
10 explants, they all look very similar. I mean,
11 they're --

12 Q Okay.

13 A -- stunningly similar.

14 Q All right. The only thing I'm trying to
15 establish is when you're talking about this
16 information that you've got on page 16 of your
17 report and going over onto page 17, that's all from
18 memory; you didn't go back and rereview the slides.
19 That's straight from your memory; correct?

20 A That is -- that is correct.

21 Q Okay. Let's flip over to page 17.

22 If you look at the second bullet point,
23 midway through that second bullet, it says:

24 "Differences in tissue shrinkage when
25 exposed to formalin fixative can account

Juan C. Felix, M.D.

1 A Mostly.

2 Q Give me an example of one where it would
3 not be exposed to UV light.

4 A In an example that I can think -- the only
5 example that I can think of where it does not is in
6 an infected implant, where you have numerous acute
7 inflammatory cells that are secreting or excreting
8 high levels of proteolytic enzymes, and where you
9 have a lot of oxygen radical formation.

10 In a situation like that, I can see where
11 you would get some degradation of polypropylene.

12 Q Do you believe that oxygenation can cause
13 polypropylene to degrade?

14 A Oxygenation?

15 Q Yes.

16 A No. I don't believe that oxygenation
17 would cause polypropylene to degrade.

18 Q Okay.

19 A And I don't believe -- I have to confess,
20 I haven't seen any data on that.

21 Q Okay.

22 A But just knowing the biochemistry of it a
23 little bit, no.

24 Q You are aware what a reactive oxygen
25 species is; correct?

Juan C. Felix, M.D.

1 Q Is it a report that was published for the
2 general public consumption, or is it just a report
3 that, you know --

4 A It was one of the internal documents, I
5 think.

6 Q Internal documents. Okay.

7 Now, you have seen in Dr. Iakovlev's
8 report where he talks about degradation and how it's
9 breaking down, and it kind of looks like a bark on
10 the outside of the polypropylene.

11 Do you remember that?

12 A Yes. Very clearly.

13 Q Okay. Do you believe those pictures that
14 Dr. Iakovlev has where it shows the bark -- do you
15 believe that that is evidence of degradation?

16 MR. COMBS: Object to form.

17 THE WITNESS: I do not.

18 BY MR. MONSOUR:

19 Q Could you tell me why.

20 A Sure. Degradation certainly, almost in
21 any material that I'm aware of where I've seen it or
22 studied or read about it, is not a uniform process.
23 Every single fiber over every little bit of that
24 sample has this -- has this evenly thick layer.
25 That is -- that doesn't happen in nature. It is --

Juan C. Felix, M.D.

1 you just don't see it.

2 And Dr. Iakovlev poses that it is the
3 foreign-body giant cell secreting a toxic oxygen
4 species onto the fiber. If that were true, then you
5 should see more degradation where the foreign-body
6 giant cell or macrophages are.

7 And yet you see the same thickness of it
8 there that you do where there is no foreign-body
9 giant cell reaction or any inflammation around the
10 fiber. So it's --

11 Q Okay. Go ahead. Sorry.

12 A So it is -- it just doesn't make any
13 sense. This layer that Dr. Iakovlev has called
14 "bark" is not occurring in vivo.

15 Q Do you think it's -- you think the bark is
16 occurring outside of the body?

17 A It is a phenomenon that is very real. I'm
18 not arguing that Dr. Iakovlev is not seeing this; I
19 see it too. But I'm certain that it is not caused
20 by the body's reaction to the polypropylene.

21 Q Okay. Let me -- let's take this -- you
22 kind of gave me a lot of information there. Let me
23 kind of walk this through one step at a time.

24 The bark that is identified by
25 Dr. Iakovlev, you believe is evidence of

Juan C. Felix, M.D.

1 degradation, but you believe that process of
2 degradation is taking place after the mesh is
3 removed from the body; correct?

4 MR. COMBS: Object to form.

5 THE WITNESS: No. I didn't state that.

6 Although --

7 BY MR. MONSOUR:

8 Q Okay.

9 A Although that is a possibility.

10 What I'm saying is that this -- this layer
11 is -- it's not an in vivo phenomenon.

12 Q Is it possibly taking place before TVT is
13 implanted in someone's body?

14 A No.

15 Q Okay. Well, now I'm a little confused.
16 I'll be honest with you. I'm a little confused
17 because --

18 A So let --

19 Q -- you can only look at it in three spots:
20 either before it was implanted, while it was
21 implanted or once it's been explanted.

22 A Right. My belief is that it is once it's
23 explanted.

24 Q Okay. So let me see if I understand this
25 correctly.

Juan C. Felix, M.D.

1 You believe that the bark that is
2 identified by Dr. Iakovlev forms once the TVT is
3 explanted; correct?

4 A Yes. That is my hypothesis.

5 Q Okay. What do you think is causing the
6 bark to form?

7 A My hypothesis is that it is a -- an
8 artifact of processing.

9 Q Okay. What part of processing would cause
10 that to occur?

11 A Well, there's two aspects that I know will
12 affect polypropylene: One is temperature, and the
13 other one is xylene.

14 Both of those are known to degrade
15 polypropylene.

16 Q Okay.

17 A And both are present in tissue processing.

18 Q Okay. Let me ask this: The bark that you
19 see and that Dr. Iakovlev sees, you do agree that
20 that bark is evidence of some degradation of the
21 polypropylene; correct?

22 MR. COMBS: Object to the form.

23 THE WITNESS: I don't think it's evidence of
24 it; I think that it is a phenomenon that needs to be
25 examined, evaluated and then proven to be

Juan C. Felix, M.D.

1 A No. I have not pursued this hypothesis in
2 any experimental way.

3 Q Okay. So, I mean, in all fairness -- and
4 I'm not trying to trick you on this. I just -- I
5 don't know the answer, and I figure you're the
6 pathologist.

7 A Yeah. But I'm not the chemist, the
8 material chemist. I would go to somebody who knew
9 that kind of data really well.

10 Q Okay. So for the answer as to how hot or
11 at what temperature polypropylene would degrade, I
12 probably need to talk to a materials science person,
13 not a pathologist. Fair statement?

14 A Fair.

15 Q Okay. Xylene.

16 What is xylene?

17 A Xylene is a mixture of organic solvents.
18 I used to know the chemical composition of it, but I
19 don't anymore. It is a -- it is a commonly used
20 solvent in virtually -- most laboratories use it to
21 process their tissue. It is the step right before
22 the tissue goes into paraffin.

23 Q How do you know that xylene can cause
24 polypropylene to degrade?

25 A I Googled it.

Juan C. Felix, M.D.

1 Q Oh, okay. Is that something you just
2 figured out after you were retained by Ethicon?

3 A It was when I started trying to figure out
4 what this bark was.

5 Q Okay. Can you tell me what you actually
6 looked at when you Googled it, what site you looked
7 at?

8 A There were actually references to
9 scientific -- to published material. I don't
10 remember the exact citation.

11 Q Okay.

12 A The videographer is showing us a
13 five-minute sign.

14 Q Okay. Well, let me go a couple minutes,
15 and then we'll take a break.

16 A All right.

17 Q Let me ask you this question with regard
18 to the xylene: Since it's just something you
19 Googled, would it be fair to say that probably
20 you're not an expert on xylene degradation of
21 polypropylene, and I should probably ask a materials
22 person about that?

23 A That would be a reasonable statement, yes.

24 MR. MONSOUR: Okay. Well, why don't we do
25 this. Since the videographer is mentioning that she

Juan C. Felix, M.D.

1 Q Okay. And that's kind of what I was
2 trying to get at.

3 Like, in your opinion, if polypropylene
4 doesn't degrade, if you look at the body response
5 and the body response would support your opinion
6 versus if it did degrade, it would like this, and
7 you don't see that. That's kind of what I'm getting
8 at.

9 MR. COMBS: Okay. Doug, I didn't understand
10 that question; so can you either repeat it or let's
11 have it read back.

12 MR. MONSOUR: Yeah. Let me rephrase it.

13 MR. COMBS: Okay.

14 BY MR. MONSOUR:

15 Q I guess what I'm trying to ask, Dr. Felix,
16 is, is there -- in looking at the pathology of
17 Dr. Iakovlev, is there anything that is either
18 missing or present that supports your theory that
19 the mesh does not degrade?

20 MR. COMBS: Object to form.

21 THE WITNESS: Well, the -- my major -- the
22 major data that I use to say that the mesh does not
23 degrade is the enormous length of clinical
24 experience that exists using polypropylene, and that
25 does not -- and that the material does not fail.

Juan C. Felix, M.D.

1 If polypropylene degraded in a clinically
2 significant way, you would expect failure of one
3 sort or another. You would expect coronary artery
4 bypass grafts that are sewn with Prolene suture to
5 open up or -- you know, all of this material is not
6 failing. So clinically, it still works.

7 We don't see, when we explant these
8 things, we don't see significant amounts of chronic
9 inflammation that are causing tissue injury around
10 it. So that is the data that I use to say that I
11 don't believe polypropylene, or Prolene in
12 particular, is degrading in vivo.

13 Having said that -- I already said it, but
14 I'll repeat it -- I do not know what degraded
15 polypropylene would do to tissue. It might not do
16 anything at all. It might be -- it might be just as
17 happy -- I mean, the tissue might be just as happy
18 with degraded polypropylene as it is with
19 nondegraded or native polypropylene.

20 BY MR. MONSOUR:

21 Q Okay. Go to page 24 of your report,
22 Dr. Felix.

23 A Certainly.

24 Q And on the second bullet point on that
25 page, it says:

Juan C. Felix, M.D.

1 "In response to Dr. Iakovlev's theory,
2 Ethicon's experts have intentionally
3 oxidized Prolene mesh, processed it using
4 standard tissue processing protocols and
5 attempted to stain it with H&E."

6 Do you see that?

7 A Yes.

8 Q How do you know that that happened?

9 A I was told that it was -- that it happened
10 by the attorneys at Butler Snow.

11 Q Did you look at any of these documents
12 associated with it?

13 A No.

14 Q So that comes straight out of the Butler
15 Snow lawyers' mouths?

16 MR. COMBS: Object to form.

17 THE WITNESS: Yes.

18 BY MR. MONSOUR:

19 Q And then it says, "The findings from these
20 experiments show that intentionally oxidized Prolene
21 does not take up stain as Dr. Iakovlev posits."

22 Do you see that?

23 A Yes.

24 Q Did you ever see any documentation about
25 that?

Juan C. Felix, M.D.

1 A No.

2 Q And that information just came straight
3 from the Butler Snow lawyers; correct?

4 A Yes.

5 MR. COMBS: Object to form.

6 BY MR. MONSOUR:

7 Q Do you think that they should have shared
8 the documentation with you?

9 MR. COMBS: Yeah. Object to form of that
10 question, Doug.

11 THE WITNESS: I believe it. I don't think
12 that you can stain polypropylene with H&E or any
13 other remnant of any by-product of a polyester like
14 that. I just don't think you can do that. I mean,
15 I -- some of the things that Dr. Iakovlev says are
16 kind of not backed by any scientific or chemical
17 data.

18 BY MR. MONSOUR:

19 Q Okay.

20 A You don't -- you don't stain things
21 because it's got pores. I mean, pores don't keep a
22 stain. I mean, the stains -- stains bind by ionic
23 binding, and that doesn't exist in polypropylene or
24 any of its lower forms.

25 So I -- so when they said, "Oh, we

Juan C. Felix, M.D.

1 degraded polypropylene, and it didn't stain," I
2 said, "Of course it didn't stain."

3 Q How -- how did they oxidize the Prolene
4 mesh? Do you know?

5 A I don't.

6 Q And then it says -- is it your
7 understanding that this oxidized mesh was degraded
8 to some degree?

9 A Yes.

10 Q Is it your -- is it your understanding
11 that this oxidized mesh somehow formed a bark, as
12 described by Dr. Iakovlev, on the surface?

13 A I do not know.

14 Q Do you know what the oxidized mesh looked
15 like once they had oxidized it?

16 A No.

17 Q But you do understand that it was degraded
18 to some extent?

19 A Yes.

20 Q But you don't know how much. Fair
21 statement?

22 A Correct.

23 Q Turn over to page 25, Dr. Felix, at the
24 very top.

25 A Yes.